

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/13/03.

I. DISPUTE

- Whether there should be additional reimbursement for office visits (99213, 99211) and with manipulation (99213-MP), muscle testing (97750MT), and therapies (97110, 97265, 97250, 97122) provided for dates of service (DOS) 8/26/02 through 12/18/02. The EOB's for these treatment/services were denied 'F-Fee Guideline MAR reduction,' and 'D-duplicate bill.
- The respondent's response indicated a different reason of denial than what was submitted to the requestor prior to the requestor submitting the dispute to MDR. According to Rule 133.301 and 133.304 the respondent established the denial/reduction reason(s) prior to MDR.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8/26/02 8/28/02 8/30/02 9/4/02 9/5/02 9/6/02 9/11/02	99213-MP x 7 days	\$48.00 x 7 days	\$0.00	F	\$48.00	MFG-MGR (I)(B)(1)(b)	Relevant notes submitted for review support services, therefore, reimbursement recommended in the amount of: \$366.00. (\$48.00 x 7 days =\$366.00)
8/26/02 8/28/02 8/30/02 9/4/02 9/5/02 9/6/02 9/13/02	97265 97250 97122 97110 each code x 7 days	\$43.00 \$43.00 \$35.00 \$35.00 each code x 7 days	\$43.00 \$43.00 \$35.00 \$35.00 each code x 7 days	F	\$43.00 \$43.00 \$35.00 \$35.00 each code x 7 days	MFG-MGR (I)(A)(10)	EOB's dated 2/6/03 show payment was made in full for these dates of service. Therefore, no further payment is due as a dispute no longer exists.
8/30/02	97750MT	\$43.00	\$43.00	F	\$43.00	MFG-MGR (I)(D)(1)	
9/11/02	97265 97250 97122	\$43.00 \$43.00 \$35.00	\$0.00	D	\$43.00 \$43.00 \$35.00	MFG-MGR (I)(A)(10) 133.304(c)	The EOB's shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). No additional EOB's were submitted. Relevant notes submitted for review support the services, therefore,

	*97110	\$35.00			\$35.00 ea.		reimbursement recommended in the total amount of: \$121.00 (\$43.00 +\$43.00 +\$35.00) *See Rational at end of table. Reimbursement not recommended for 97110.
9/16/02 9/18/02 10/18/02 10/31/02 11/5/02 11/21/02 11/27/02 12/10/02	99213 x 8 days	\$48.00 x 8 days	\$0.00	No EOB's	\$48.00 x 8 days	MFG-MGR (I)(B)(1)(b) 133.304(c)	According to the MFG, reimbursement recommended. Amount due: \$384.00 (\$48.00 x 8 days=\$384.00)
9/26/02 10/1/02 10/8/02 11/13/02 12/18/02	99213-MP x 5 days	\$48.00 x 5 days	\$0.00	No EOB's	\$48.00 x 5 days	MFG-MGR (I)(B)(1)(b) 133.304(c)	According to the MFG, reimbursement recommended. Amount due: \$379.00 (\$48.00 x 5 days =\$240.00 (+ \$18.00) (+ \$43.00) (+ \$43.00) <u>(+ \$35.00)</u> (\$379.00) *See Rational at end of table. Reimbursement not recommended for CPT code 97110.
12/4/02	99211	\$18.00			\$18.00		
9/16/02 9/18/02	97265 97250 97122	\$43.00 \$43.00 \$35.00			\$43.00 \$43.00 \$35.00	MFG-MGR (I)(A)(10) 133.304(c)	
	*97110 each code x 2 days	\$35.00			\$35.00		
TOTAL		\$3,679.00					

***Rational 97110**

MFG MGR (I)(A)(9,b -10), CPT descriptor

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution (MRD) section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not indicate that the injury was severe enough to warrant exclusive one-to-one therapy.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99213, 97265, 97250 and 97122. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,250.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of July 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl